

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	EIN 82-0978270	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		The Committee to Elect Denise M. Buell For District Magistrate Judge						
Street Address		436 Duane Street						
City	Corry	State	PA	Zip Code	16407			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/7/17	Year	2017	Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
	10/24/17	11/27/17		
A. Amount Brought Forward From Last Report	\$	658.65	2017 NOV 31 AM 1:37 ERIE COUNTY VOTER REGISTRATION KA	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	100.00		
C. Total Funds Available (Sum of Lines A and B)	\$	758.65		
D. Total Expenditures (From Schedule III)	\$	758.65		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0		
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0		

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

29 day of November 20 17


 COMMONWEALTH OF PENNSYLVANIA
 Signature
 NOTARIAL SEAL
 Janet E. Gurdak, Notary Public
 My Commission expires City of Corry, Erie County
 My Commission Expires July 5, 2018
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES


 Signature of Person Submitting report
 Robert Davis

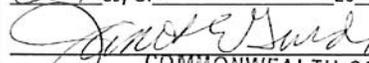
Printed Name
 716 Area Code 581-2237 Daytime Telephone Number

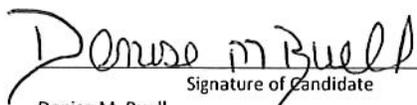
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

29 day of November 20 17


 COMMONWEALTH OF PENNSYLVANIA
 Signature
 NOTARIAL SEAL
 Janet E. Gurdak, Notary Public
 My Commission expires City of Corry, Erie County
 My Commission Expires July 5, 2018
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES


 Signature of Candidate
 Denise M. Buell

Printed Name
 814 Area Code 881-0437 Daytime Telephone Number

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	EIN 82-0978270	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		The Committee to Elect Denise M. Buell For District Magistrate Judge						
Street Address		436 Duane Street						
City	Corry	State	PA	Zip Code	16407			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/7/17	Year	2017	Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/24/17	11/27/17	
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C. Total Funds Available (Sum of Lines A and B)	\$	758.65	
D. Total Expenditures (From Schedule III)	\$	758.65	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

29 day of November 2017

Wendy Yow

Signature of Person Submitting report

Wendy Yow

Printed Name

214

799-5766

Area Code

Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Janet E. Gurdak, Notary Public
City of Corry, Erie County, PA
My Commission Expires July 5, 2018

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

29 day of November 2017

Denise M Buell

Signature of Candidate

Denise M. Buell

Printed Name

814

881-0437

Area Code

Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Janet E. Gurdak, Notary Public
City of Corry, Erie County, PA
My Commission Expires July 5, 2018
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Filer Identification Number	EIN 82-0978270
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	0
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	100.00
Total for the reporting period	(2)	\$ 100.00

3. Contributions Over \$250.00 (From Part C and Part D)
--

Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
Total for the reporting period	(3)	\$ 0

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)
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Total for the reporting period	(4)	\$	100.00
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	100.00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number	EIN 82-0978270
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							Amount		
Full Name of Contributing Committee					N/A		Date [MM/DD/YYYY]	\$	0
House #					Street Address		Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #					Street Address		Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #					Street Address		Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #					Street Address		Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #					Street Address		Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #					Street Address		Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #					Street Address		Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	EIN 82-0978270
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Full Name of Contributor						Date [MM/DD/YYYY]	\$	100.00
Michael Lutzo						10/30/17		
House #	8299	Street Address				Clemens Road	Date [MM/DD/YYYY]	\$
City	Union City				State	PA	Zip Code	16407
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address					Date [MM/DD/YYYY]	\$
City		State					Zip Code	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address					Date [MM/DD/YYYY]	\$
City		State					Zip Code	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address					Date [MM/DD/YYYY]	\$
City		State					Zip Code	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address					Date [MM/DD/YYYY]	\$
City		State					Zip Code	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address					Date [MM/DD/YYYY]	\$
City		State					Zip Code	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	EIN 82-0978270
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Full Name of Contributing Committee					N/A		Date [MM/DD/YYYY]	\$	0
House #	Street Address						Date [MM/DD/YYYY]	\$	
City				State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #	Street Address						Date [MM/DD/YYYY]	\$	
City				State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #	Street Address						Date [MM/DD/YYYY]	\$	
City				State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #	Street Address						Date [MM/DD/YYYY]	\$	
City				State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #	Street Address						Date [MM/DD/YYYY]	\$	
City				State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #	Street Address						Date [MM/DD/YYYY]	\$	
City				State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #	Street Address						Date [MM/DD/YYYY]	\$	
City				State	Zip Code		Date [MM/DD/YYYY]	\$	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	EIN 82-0978270
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	0
N/A							
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	EIN 82-0978270
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Full Name		N/A					
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 0
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number:	EIN 82-0978270
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 0
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SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	EIN 82-0978270
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
N/A							0
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Description of Contribution							

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	EIN 82-0978270
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Full Name of Contributor				N/A		Date [MM/DD/YYYY]	\$	0
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	EIN 82-0978270
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To Whom Paid		The Corry Journal			Date [MM/DD/YYYY]	\$	120.00
					11/1/17		
House #	28	Street Address	West South Street		Description of Expenditure		
City	Corry	State	PA	Zip Code	16407	Newspaper Ad	
To Whom Paid		Discount Mugs			Date [MM/DD/YYYY]	\$	264.00
					11/4/17		
House #	12610	Street Address	NW 115th Avenue		Description of Expenditure		
City	Miami	State	FL	Zip Code	33178	Pens to hand out at Polls	
To Whom Paid		The Corry Journal			Date [MM/DD/YYYY]	\$	200.00
					11/16/17		
House #	28	Street Address	West South Street		Description of Expenditure		
City	Corry	State	PA	Zip Code	16407	Qty 2 Newspaper Ads	
To Whom Paid		Denise M. Buell - Candidate			Date [MM/DD/YYYY]	\$	160.00
					11/27/17		
House #	19039	Street Address	Hillcrest Drive		Description of Expenditure		
City	Corry	State	PA	Zip Code	16407	To repay the two loans (\$100 & \$60)	
To Whom Paid		Erie County Republican Committee			Date [MM/DD/YYYY]	\$	14.65
					11/27/17		
House #	8345	Street Address	Edinboro Road		Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Contribution to Political Committee to bring acct to zero	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	EIN 82-0978270
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Name of Creditor		N/A		Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					